

## **APPLICATION DATA SHEET**

### **Application Information**

**Application Number::** Divisional of Appln. No. 10/107,806  
**Filing Date::** June 26, 2003  
**Application Type::** Regular  
**Subject Matter::** Utility  
**Suggested Classification::**  
**Suggested Group Art Unit::** 1625  
**CD-ROM or CD-R?::**  
**Number of CD Disks::**  
**Number of Copies of CDs::**  
**Sequence Submission?::**  
**Computer Readable Form (CFR)?::**  
**Number of Copies of CFR::**  
**Title::** A COMPOUND AS CHOLINESTERASE INHIBITOR  
AND ITS ISOLATION FROM FUNGUS  
SPOROTRICHUM SPECIES  
**Attorney Docket Number::** 39562-189637  
**Request for Early Publication?::**  
**Request for Non-Publication?::**  
**Suggested Drawing Figure::**  
**Total Drawing Sheets::**  
**Small Entity?::** no  
**Latin Name::**  
**Variety Denomination Name::**  
**Petition Included?::**  
**Petition Type::**  
**Licensed US Govt. Agency::**  
**Contract or Grant Numbers::**  
**Secrecy Order in Parent Appl.::**

## **Applicant Information**

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** India  
**Country::** India  
**Status::** Full Capacity  
**Given Name::** Thimmapa  
**Middle Name::**  
**Family Name::** SHIVANANDAPPA  
**Name Suffix::**  
**City of Residence::**  
**State or Province of Residence::**  
**Country of Residence::**  
**Street of Mailing Address::** Mysore 570 013  
**City of Mailing Address::** Karnataka  
**State or Province of Mailing Address::**  
**Country of Mailing Address::** INDIA  
**Postal or Zip Code of Mailing Address::**

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** India  
**Country::** INDIA  
**Status::** Full Capacity  
**Given Name::** Avinash  
**Middle Name::** Prahalad  
**Family Name::** SATTUR  
**Name Suffix::**  
**City of Residence::**  
**State or Province of Residence::**  
**Country of Residence::**  
**Street of Mailing Address::** Mysore 570 013

## **Applicant Information**

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** India  
**Country::** India  
**Status::** Full Capacity  
**Given Name::** Nayalana  
**Middle Name::** Katte Ganesh  
**Family Name::** KARANTH  
**Name Suffix::**  
**City of Residence::**  
**State or Province of Residence::**  
**Country of Residence::**  
**Street of Mailing Address::** Mysore 570 013  
**City of Mailing Address::** Karnataka  
**State or Province of Mailing Address::**  
**Country of Mailing Address::** INDIA  
**Postal or Zip Code of Mailing Address::**

**Applicant Authority Type::** Inventor  
**Primary Citizenship::**  
**Country::**  
**Status::** Full Capacity  
**Given Name::**  
**Middle Name::**  
**Family Name::**  
**Name Suffix::**  
**City of Residence::**  
**State or Province of Residence::**  
**Country of Residence::**  
**Street of Mailing Address::**

**City of Mailing Address::** Karnataka

**State or Province of Mailing Address::**

**Country of Mailing Address::** India

**Postal or Zip Code of Mailing Address::**

**Applicant Authority Type::** Inventor

**Primary Citizenship::** India

**Country::** India

**Status::** Full Capacity

**Given Name::** Shereen

**Middle Name::**

**Family Name::** Shereen

**Name Suffix::**

**City of Residence::**

**State or Province of Residence::**

**Country of Residence::**

**Street of Mailing Address::** Mysore 570 013

**City of Mailing Address::** Karnataka

**State or Province of Mailing Address::**

**Country of Mailing Address::** India

**Postal or Zip Code of Mailing Address::**

**Applicant Authority Type::** Inventor

**Primary Citizenship::** India

**Country::** India

**Status::** Full Capacity

**Given Name::** Soundar

**Middle Nam ::**

**Family Name::** Divakar

**Name Suffix::**

**City of Residence::**

**State or Province of Residence::**

**Country of Residence::**

**Street of Mailing Address::** Mysore 570 013

**City of Mailing Address::** Karnataka

**State or Province of Mailing Address::**

**Country of Mailing Address::** India

**Postal or Zip Code of Mailing Address::**

### **Correspondence Information**

**Correspondence Customer Number::** 26694

**Phone Number::**

**Fax Number::**

**E-Mail Address::**

### **Representative Information**

**Representative Customer Number::** 26694

### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
	<b>Division of</b>	<b>10/107,806</b>	<b>March 28, 2002</b>
	<b>Continuation of</b>		
	<b>Continuation of</b>		
	<b>Continuation of</b>		

## Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

## Assignee Information

**Assignee Name::** Council of Scientific and Industrial Research  
**Street of Mailing Address::** Rafi Marg  
**City of Mailing Address::** New Delhi 110 001  
**State or Province of Mailing Address::**  
**Country of Mailing Address::** INDIA  
**Postal or Zip Code of Mailing Address::**